

**THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
EPA PERSONNEL ACTION FORM**



SAMPLE

ID # **5503**

Date **May 7, 2010**

UNCG ID

Name **Smith, John**

Address **4501 Tower Road**

Greensboro, NC 27410

Country **U.S.A.**

Building **246** Room # **1117**

Campus Phone **4-5427**

Benefits Student

AAO Forms Complete

Citizenship **C** Type Visa

Employee E-Class **FC**

Home Org **12209** Dist Org **12209**

First Work Date **01/01/2011**

Comments

To return from Junior Faculty Research Assignment (Off-Campus Assignment) effec. 1/1/2011 to regular teaching assignment.

New Job Action

Posn # **1555** Suffix **00** FTE **1.0**

Index	Fund	Orgn.	Account	Program	Annual Salary	Percent
110050	110050	12209	101030	101	\$ 50,000.00	100.00
TOTALS					\$50,000.00	100.00

Plus Salary Increase

Job/Employee Termination

Last Paid Date - Terminate Employee - Termination Reason - *Depends on end of current term.*

Rank **Assistant Professor**

Job Change Reason **REAEN**

Reason for resignation

DIVISION LEVEL	UNIT LEVEL	DEPARTMENT LEVEL	GRAD. SCHOOL (Student only)	BUDGET OFFICE
Approval	Approval	Approval	Approval	Approval
Date	Date	Date	Date	Date